

MAX BURNS
12TH DISTRICT, GEORGIA

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INFRASTRUCTURE

Congress of the United States
House of Representatives
Washington, DC 20515-1012

February 18, 2004

Mr. William E. Moschella
Assistant Attorney General for Office of Legislative Affairs
Office of Legislative Affairs
U.S. Department of Justice
950 Pennsylvania Avenue, N.W., Room 1145
Washington, DC 20530-0009

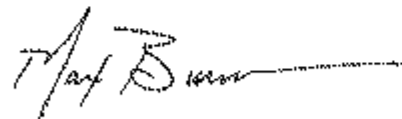
Dear William:

I am writing on behalf of Robert A. Reeves, Jr. of Millen, Georgia. Robert A. Reeves, Jr. has contacted me for assistance in a matter concerning the Office of the Pardon Attorney, U.S. Department of Justice.

Enclosed is the Privacy Act Release Form and correspondence that I have received from Robert A. Reeves, Jr.. I would greatly appreciate your assistance in reviewing this matter and providing any assistance possible.

Thank you in advance for your assistance with this matter. If you or your staff is in need of any additional information, please contact Michael Adams in my Savannah office at 912-352-1736. Please direct your response to the same office at 6605 Abercorn St., Suite 100, Savannah, GA 31405.

Sincerely,



Max Burns
Member of Congress

MB/ana

Case# 126664

Upon completion of this form please return to the Statesboro office at:

Congressman Max Burns
Attn: Mr. Roland Stubbs

Statesboro, Georgia 30459

B6 CASE WORK AUTHORIZATION/ PRIVACY ACT RELEASE FORM

(PLEASE PRINT OR TYPE)

NAME: Robert A. Reeves, Jr.

ADDRESS: [REDACTED]

CITY: Millen

State: Georgia

ZIP: 30442

COUNTY: Jenkins

TELEPHONE: Hm: [REDACTED]

Wk: [REDACTED]

FAX: [REDACTED]

E-mail: [REDACTED]@hotmail.com

SOCIAL SECURITY #: [REDACTED]

DATE OF BIRTH: [REDACTED]

CLAIM # OR ALIEN # (If applicable): N/A

In order for our office to release information to someone other than yourself and your agency involved, please list names

FEDERAL AGENCY YOU WISH US TO CONTACT: Pardon Attorney
(Example: Social Security, Veterans Administration, etc.)

Briefly explain the nature of your problem and WHAT or HOW you would like our office to assist. Also, attach copies of any supporting documents that will help us with your problem. (If any additional space is needed please use a separate sheet.)

I am applying for a Presidential Pardon and appreciate your help. I am including the Petition for Pardon After Completion of Sentence and all associated documents.

I respectfully request and authorize U. S. Congressman Max Burns to act on my behalf, and to receive information from the proper officials regarding my concerns

SIGNATURE: Robert A. Reeves, Jr.

DATE: 020504



U. S. Department of Justice

Pardon Attorney

Washington, D.C. 20530

MAR 17 2004

The Honorable Max Burns
Member, U.S. House of Representatives
6605 Abercorn Street, Suite 100
Savannah, Georgia 31405

Dear Congressman Burns:

This is in response to your letter of February 18, 2004, enclosing a copy of a petition for pardon from your constituent, Robert A. Reeves. While we have opened a clemency file for Mr. Reeves, we will need the original of Mr. Reeves's petition and character affidavits. If your staff has the originals, please send them directly to this address:

Office of the Pardon Attorney
500 First Street, NW, Suite 400
Washington, DC 20530.

I appreciate your interest in Mr. Reeves's clemency application. Your letter and the material you provided have been made part of his clemency file.

Sincerely,

Roger C. Adams
Pardon Attorney